

REISSUE PATENT APPLICATION TRANSMITTAL

0-10-02

REF/8

Address to:

Commissioner for Patents
Box Reissue
Washington, DC 20231

Attorney Docket No.	ARC919970008US2
First Named Inventor	Jon Michael Kleinberg
Original Patent No.	6,112,202
Original Patent Issue Date (Month/Day/Year)	08/29/2000
Express Mail Label No.	

1C978 U.S.P.T.O.
10/04/2002

APPLICATION FOR REISSUE OF: Utility Patent Design Patent Plant Patent
(check applicable box)

APPLICATION ELEMENTS

1. *Fee Transmittal Form
(Submit an original, and a duplicate for fee processing)
2. Specification and Claims (*amended, if appropriate*)
3. Drawing(s) (*proposed amendments, if appropriate*)
4. Reissue Oath/Declaration (original or copy)
(37 C.F.R. § 1.175)
5. Original U.S. Patent
 - Offer to Surrender Original Patent *(37 C.F.R. 1.178)*
or
 - Ribboned Original Patent Grant
 - Affidavit/Declaration of Loss *(PTO/SB/55)*
6. Original U.S. Patent currently assigned?
 - Yes No
 - (If Yes, check applicable box(es))*
- Written Consent of all Assignees
- 37 C.F.R. §3.73(b) Statement Power of Attorney

ACCOMPANYING APPLICATION PARTS

7. Foreign Priority Claim (35 U.S.C. 119)
(if applicable)
8. Information Disclosure Statement (IDS)/PTO-144 Copies of IDS Citations
9. English Translation of Reissue Oath/Declaration
(if applicable)
10. Small Entity Statement filed in prior application Status still proper and desired
11. Preliminary Amendment
12. Return Receipt Postcard (MPEP 503)
(Should be specifically itemized)
13. Other:

14. CORRESPONDENCE ADDRESS

- Customer Number or Bar Code Label, or
 Correspondence address below

↑ AFFIX CUSTOMER NO. BAR CODE LABEL ABOVE ↑

Name Timothy M. Farrell
International Business Machine Corporation

Address Route 134 & Kitchawan Road
P.O. Box 218

City Yorktown Heights State New York Zip Code 10598

Country USA Telephone 914-945-2756 Fax 914-945-3281

NAME (Print/Type)	Timothy M. Farrell	Registration No. (Atty/Agent)	37,321
Signature	<i>Timothy M. Farrell</i>	Date	8-Jun-02

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

REISSUE APPLICATION FEE TRANSMITTAL FORM				Docket Number (Optional) ARC9 1997 0008 US2				
Claims as Filed - Part 1								
Claims in Patent		Number Filed in Reissue Application	(3) Number Extra	Small Entity		Other than a Small Entity		
(A) 57	Total Claims (37 CFR 1.16(j))	(B) 102	***45 =	x \$ _____ =	or	x \$ 18 =	810	
(C) 3	Independent claims (37 CFR 1.16(i))	(D) 3	* 0 =	x \$ _____ =		x \$ 84 =		
				Basic Fee (37 CFR 1.16(h)) \$ _____		\$ 740		
				Total Filing Fee \$ _____		OR \$ 1550.00		
Claims as Amended - Part 2								
	(1) Claims Remaining After Amendment		(2) Highest Number Previously Paid For	(3) Extra Claims Present	Small Entity		Other than a Small Entity	
Total Claims (37 CFR 1.16(j))	***	MINUS	**	* =	x \$ _____ =	or	x \$ _____ =	
Independent Claims (37 CFR 1.16(i))	***	MINUS	*****	=	x \$ _____ =		x \$ _____ =	
				Total Additional Fee \$ _____			OR \$ _____	
<p>* If the entry in (D) is less than the entry in (C), Write "0" in column 3.</p> <p>** If the "Highest Number of Total Claims Previously Paid For" is less than 20, Write "20" in this space.</p> <p>*** After any cancellation of claims.</p> <p>**** If "A" is greater than 20, use (B - A); if "A" is 20 or less, use (B - 20).</p> <p>***** "Highest Number of Independent Claims Previously Paid For" or Number of Independent Claims in Patent (C).</p>								
<p><input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27.</p> <p><input checked="" type="checkbox"/> Please charge Deposit Account No. 09-0468 in the amount of \$1550.00 A duplicate copy of this sheet is enclosed.</p> <p><input checked="" type="checkbox"/> The Commissioner is hereby authorized to charge any additional fees under 37 CFR 1.16 or 1.17 which may be required, or credit any overpayment to Deposit Account No. 09-0468. A duplicate copy of this sheet is enclosed.</p> <p><input type="checkbox"/> A check in the amount of \$ _____ to cover the filing / additional fee is enclosed.</p> <p><input type="checkbox"/> Payment by credit card. Form PTO-2038 is attached.</p>								
WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.								
07/26/2002 GCHAPEAN 00000001 090468 10042093 <i>8-Jan-02</i>				 Signature of Applicant, Attorney or Agent of Record Timothy M. Farrell, Reg. # 37,321 Typed or printed name				
Burden Hour Statement: This form is estimated to take 0.2 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.								

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re application of: Jon Michael Kleinberg

Serial No.: To be assigned

Filed: Herewith

For: Method and System For Identifying Authoritative Information
Resources In An Environment With Content-Based Links
Between Information Resources

Docket No.: ARC919970008US2

Group No.:

Examiner:

US PATENT & TRADEMARK OFFICE
Box Patent Application
P.O. BOX 2327
ARLINGTON, VA 22202

EXPRESS MAIL CERTIFICATE

Express Mail Label Number EV049584775US

Date of Deposit January 8, 2002

I hereby certify that attached paper or fee:

- 1- Return Post Card
- 2- Reissue Patent Application Transmittal
- 3- Reissue Application Fee Transmittal Form
- 4- Copy of Patent Application
- 5- Preliminary Amendment
- 6- Reissue Declaration By Inventor
- 7- Consent of Assignee
- 8- Associate Power of Attorney
- 9- Information Disclosure Statement
- 10- PTO 1449 Form with Reference attached

is being deposited with the United States Postal Service "Express Mail Post Office to Addressee" service under 37 CFR 1.10 on the date indicated above and addressed to the US PATENT & TRADEMARK OFFICE, ARLINGTON, VA 22202.

Margaret McCabe

(Name)



Signature

Note: Each paper must have its own certificate and the "Express Mail" label number as a part thereof or attached thereto. When, as here, the certification is presented on a separate sheet, that sheet must (1) be signed and (2) fully identify and be securely attached to the paper or fee it accompanies. Identification should include the serial number and filing date of the application as well as the type of paper being filed, e.g. complete application, specification and drawings, responses to rejection or refusal, notice of appeal, etc. If the serial number of the application is not known, the identification should include at least the name of the inventor(s) and the title of the invention.

Note: The label number need not be placed on each page. It should, however, be placed on the first page of each separate document, such as, a new application, amendment, assignment, and transmittal letter for a fee, along with the certificate of mailing by "Express Mail". Although the label number may be on checks, such a practice is not required. In order not to deface formal drawings it is suggested that the label number be placed on the back of each formal drawing or the drawings be accompanied by a set of informal drawings on which the label number is placed.